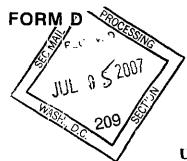
1341818



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | |
|----------------------------------|----------|--|--|--|--|
| OMB Number: | | | | | |
| Expires: April Estimated average | 30,2008 | | | | |
| Estimated average | e burden | | | | |
| hours per respons | | | | | |

| SEC US | E ONLY |
|---------|---------|
| Prefix | Serial |
| DATE RI | ECEIVED |
| ì | ì |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|---|--|
| Vandalia Research Second Offering | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | □ nroe |
| Type of things | I INDEXE ANIIN INDEX ANIIN NIIND (A.V.A INIIN ANIIN ANIIN |
| A. BASIC IDENTIFICATION DATA | 07069999 |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Vandalia Research, Inc. | } |
| Address of Executive Offices (Number and Street, City. State, Zip Code) | Telephone Number (Including Area Code) |
| 940 Fourth Avenue Suite 350, Huntington, WV 25701 | 304-529-0803 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| Biotechnology startup focusing on large-scale production methods for short, specific DNA se | quences. |
| | PROCESSES |
| Type of Business Organization | PROCESSED JUL 1 2 2007 THOMSON FINANCIA |
| ✓ corporation ☐ limited partnership, already formed ☐ other (p ☐ business trust ☐ limited partnership, to be formed | lease specify): |
| | 2007 |
| Month Year Actual or Estimated Date of Incorporation or Organization: 0 9 05 √Actual Estin | THOMSON |
| Jurisdiction of Incorporation of Organization: (Enter two-letter U.S. Postal Service abbreviation for State | FINANCIA |
| CN for Canada; FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | 1 |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6). | r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address. | A notice is deemed filed with the U.S. Securitie low or, if received at that address after the date of |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20: | 49 |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures. | |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC. | t the name of the issuer and offering, any change ed in Parts A and B. Part E and the Appendix need |
| Filing Fee: There is no federal filing fee. | 1 |
| State: | |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. | ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall |
| this notice and must be completed. | (|
| ATTENTION | |
| Failure to file notice in the appropriate states will not result in a loss of the federal ex | emotion Conversely failure to file the |
| appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice. | |

| | A. BASIC ID | ENTIFICATION DATA | | |
|---|--|------------------------------|--------------------|--|
| 2. Enter the information requested for t | he following: | | | |
| • Each promoter of the issuer, if | the issuer has been organized w | vithin the past five years; | <u> </u> | |
| Each beneficial owner having th | e power to vote or dispose, or di | rect the vote or disposition | of, 10% or more o | of a class of equity securities of the issue |
| Each executive officer and direct | ctor of corporate issuers and of | corporate general and mar | aging partners of | f partnership issuers; and |
| Each general and managing par | tner of partnership issuers. | | i . | |
| Chad Day(a) Abad Asal | . 57.5.5.10 | | | |
| Check Box(e3) that Apply: Promo | ter 📝 Beneficial Owner | Executive Officer | ✓ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Gregg, Derek Allen | | | , | |
| Business or Residence Address (Number 13 Elwood Drive, Huntington, WV 25 | | ode) | | |
| Check Box(es) that Apply: Promo | oter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Wellman, F. Selby | | | | , |
| Business or Residence Address (Number | r and Street, City, State, Zip Co | ode) | į | |
| 1326 Noble Heron Way, Naples, FL | 34105 | | | |
| Check Box(es) that Apply: Promo | ter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Tourna, Dr. Joseph B. | | • | 1 | |
| Business or Residence Address (Number 2970 Staunton Road, Huntington, W | r and Street, City, State, Zip Co V 25702 | ode) | | |
| Check Box(es) that Apply: Promo | eter 🔽 Beneficial Owner | Executive Officer | / Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | - | |
| Murray, Dr. Elizabeth E. | | | | |
| Business or Residence Address (Number One John Marshall Drive, Huntington | | ode) | | |
| Check Box(es) that Apply: Promo | ter Beneficial Owner | Executive Officer | ✓ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Modliszewski, Alan | | | | |
| Business or Residence Address (Number 6065 Kyle Lane, Huntington, WV 25 | r and Street, City, State, Zip Co 702 | ode) | ; | |
| Check Box(es) that Apply: Promo | ter | Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Norton, Michael | 11 | | | , |
| Business or Residence Address (Number 122 Woodlomond Way, Huntington, | | ode) | | |
| Check Box(es) that Apply: Promo | ter 🔽 Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Swick, Justin | · · · · · · | | | |
| Business or Residence Address (Number 51 Private Drive 147 CR 124, Chesa | r and Street, City, State, Zip Co peake, OH 45619 | ode) | | |
| (Us | e blank sheet, or copy and use | additional copies of this sl | sect, as necessary |) |

| | | | | | В. П | NFORMAT | ION ABOU | T OFFERI | NG | i | | | |
|------|---|--|------------------------------|--|--|---|--|--|---|---------------------------|---|----------------------|-----------------|
| 1. | Hac the | iccuar cold | l or does t | se icener i | atend to se | ll to non-a | ccraditad i | nvestors ir | this offeri | ng? | | Yes | No IX |
| 1. | mas uic | 135001 5010 | i, or uses i | | | | | | under ULO | Ĭ. | | | į A į |
| 2. | What is | the minim | um investn | | | | | _ | | ' | | s 1 | 2,500.00 |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 55 055 | prod from t | , | | | l | | Yes | No |
| 3. | Does th | e offering | permit join | t ownershi | p of a sing | le unit? | | | | | | | |
| 4. | commis If a pers or states | sion or sim son to be lis s, list the na | ilar remune ted is an ass | ration for s sociated pe roker or de | solicitation erson or age ealer. If me | of purchase ent of a brok ore than five | ers in conne cer or deale e (5) persoi | ection with r registered as to be list | given, direct sales of sect of with the State are assoctated. | urities in t EC and/or | he offering with a stat | ţ. e | |
| Ful | l Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bus | siness or | Residence | Address (N | umber and | d Street, C | ity, State, Z | Cip Code) | | | | | | |
| Nar | ne of Ass | sociated Br | oker or De | aler | | | | | - | | | | |
| Sta | tes in W | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | or check | individual | States) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | <u>:</u> | • | . 🗆 | All States |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| | | | first, if ind | | d Street C | State State | 7in Code | | | | | | |
| Dus | siliess of | Kesidence | Address (1 | Number an | a succi, c | ity, State, i | zip Code) | | | | | | |
| Nar | ne of Ass | sociated Br | oker or De | aler | | · · · · | | | | | | | |
| Stat | tes in W/ | ich Percon | Listed Has | Solicited | or Intends | to Solicit I | Durahagara | | | | | | |
| Sta | | | | | | | | | | | | | All States |
| | | | | | | | | | | | | | |
| | IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | KY NJ TX | CO LA NM UT | CT ME NY VT | MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA |
| Ful | l Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bus | siness or | Residence | Address (1 | Number an | d Street, C | ity, State, | Zip Code) | | | | | | |
| Nar | ne of As | sociated Br | oker or De | aler | | | | | | | | | - |
| Stat | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | " or check | individual | States) | ····· | ••••• | | | | | | All States |
| | IL MT RI | IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | PA |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-------------------------------------|---------------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | s | s |
| | Equity | s 1,000,000.00 | s 135,000.00 |
| | ✓ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | | |
| | Other (Specify) | | s |
| | Total | 1,000,000.00 | \$ 135,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | } | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | 4 | s_135,000.00 |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security Common Stock | Dollar Amount Sold § 135,000.00 |
| | Rule 505 | | * |
| | Regulation A | | \$ |
| | Rule 504 | 1 | \$ |
| | 10141 | | <u>\$ 135,000.00</u> |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | ·i···· | \$ |
| | Accounting Fees | : | s |
| | Engineering Fees | | s |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) | _ | s |
| | Total | | \$ 0.00 |

| an p 5. In e. c. p S P an C A | nd total expenses furnished in response to roceeds to the issuer." | gregate offering price given in response to Part C — Question 4.a. This difference is the "adjustion of the country of the country of the country of the payments listed must equal the adjustionse to Part C — Question 4.b above. | e used for imate and sted gross Payments Officers Directors Affiliates | s, , & Payments to s Others |
|--|--|---|---|-----------------------------------|
| e c p S S P P au | ach of the purposes shown. If the am heck the box to the left of the estimate. roceeds to the issuer set forth in responsible and fees | nount for any purpose is not known, furnish an esti The total of the payments listed must equal the adju- conse to Part C — Question 4.b above. | Payments Officers Directors Affiliates | s, , & Payments to s Others |
| P P au C A | urchase of real estate | | Officers Directors, Affiliates | s, , & Payments to s Others |
| P P au C A | urchase of real estate | | \$ 200,00 | 0.00 2 \$ 300,000.00 |
| P P au C A | urchase of real estate | | . | |
| au C A | | | | |
| A | | tion of machinery | . : s | Z \$ 0.00 |
| | Construction or leasing of plant building | ngs and facilities | s | |
| | ffering that may be used in exchange | ling the value of securities involved in this for the assets or securities of another | s _ | _ |
| | - | | <u> </u> | |
| | | | 1 — | |
| | | | — | |
| | | | | ···· |
| _ | | | s | s |
| C | Column Totals | | √ ₁ \$ 200,000 | 0.00 \$ 800,000.00 |
| | | added) | I == | \$_1,000,000.00 |
| | | D. FEDERAL SIGNATURE | | |
| The is | suer has duly caused this notice to be si | gned by the undersigned duly authorized person. If | this notice is filed unde | er Rule 505, the followin |
| signat | ure constitutes an undertaking by the i | issuer to furnish to the U.S. Securities and Exchang ny non-accredited investor pursuant to paragraph | e Commission, upon w | |
| Issuer | (Print or Type) | Signature | Date | |
| Vand | lalia Research, Inc. | | 6/04 | 407 |
| Name | of Signer (Print or Type) | Title of Signer (Ppint or Type) | /-/ | <u> </u> |
| Derek | Gregg | President | | |

| | | E. STATE SIGNATURE | | |
|----------|---|---|------------------------------|----------------------------------|
| 1. | | R 230.262 presently subject to any of the dis | | Yes No |
| | | See Appendix, Column 5, for state r | response. | |
| 2. | The undersigned issuer hereby to D (17 CFR 239.500) at such tir | indertakes to furnish to any state administrator ones as required by state law. | of any state in which this | notice is filed a notice on Form |
| 3. | The undersigned issuer hereby issuer to offerees. | undertakes to furnish to the state administrate | ors, upon written request, | , information furnished by the |
| 4. | limited Offering Exemption (U) | nts that the issuer is familiar with the condition. LOE) of the state in which this notice is filed a conditions have been of establishing that these conditions have b | nd understands that the i | |
| | uer has read this notification and k thorized person. | nows the contents to be true and has duly caused | l this notice to be signed o | on its behalf by the undersigned |
| Issuer (| Print or Type) | Signature | Date | 1/- |
| Vandali | a Research, Inc. | | 6 | 129/07 |
| Name (| Print or Type) | Title (Print or Type) | | |
| Derek | Gregg | President | | |
| | | · · · · · · · · · · · · · · · · · · · | - | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | APPENDIX | | | | | | | | | | |
|-------|--------------------------------|---|--|--------------------------------------|-----------|--|----------|--|----|--|--|
| 1 | Intend to non-a investor | 2 to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | investor and rchased in State C-Item 2) | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| AL | | × | | | | | | | | | |
| AK | | × | | | | | - | | | | |
| AZ | <u> </u> | × . | | | | | | | | | |
| AR | | × | | | | | | | | | |
| CA | | × | | | | į | | | | | |
| СО | | × | | | | | | | | | |
| СТ | | × | | | | | | | | | |
| DE | | x | | | | | | | | | |
| DC | | × | | | | | | | | | |
| FL | | × | | | | | | | | | |
| GA | | × | | | | . | <u> </u> | | | | |
| HI | | × | | _ | | | |] | | | |
| ID | | × | | | | | | | | | |
| IL | | × | | | | | | | | | |
| IN | | × | | | | | | | | | |
| IA | | × | | | | | | | | | |
| KS | | × | | | | | | | | | |
| KY | | × | | | | | | | | | |
| LA | | × | | | | | | | | | |
| ME | | × | | | | | | | | | |
| MD | | × | | | | , | | | | | |
| MA | | × | | | | | · | | | | |
| MI | | × | | | | | | | | | |
| MN | | × | | | | | | | | | |
| MS | | × | | | | | | | | | |

APPENDIX 2 3 4 1 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell to non-accredited offering price Type of investor and explanation of waiver granted) offered in state amount purchased in State investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes Νo Investors Investors Amount Yes No Amount MO X MT X NE X NV X NH × NJ NM NY NC X ND X OH × OK X X OR PA x X RΙ SC X SD TN × TX × UT X VTX ٧A X WA X Com Stk, \$135,000 WV \$135,000.00 X X WI X

| | | | | APP | ENDIX | | | | | | |
|-------|----------|---|--|--------------------------------------|--|--|--------|--|-----------------------|--|--|
| 1 | | 2 | 3 | | 4 | | | | 5 Disqualification | | |
| | to non-a | to sell accredited is in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| WY | | × | | | | | | | | | |
| PR | | × | | | | | | | | | |

